Service Type	MEDINA, OH Y4254 3. Service Type	 SENDER: COMPLETE THIS SECTION-OV-0052 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	B. Received by Printed Name) C. Date D. Is delivery address different from item 1? If YES, enter delivery address below:	Agent Addressee of Delivery Yes No
(Transfer from service label) イロリュ こうより りりいち トライラ 55円ト	(Transfer from service label) 「UU」 こうより りじじさ トライラ 5575	107 NORTH COURT STREET MEDINA, OH 44256	Certified Mail	
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509	/	0008 6349 5696	
		PS Form 3811, August 2001 Domestic R	sturn Receipt 1025	i95-01-M-2509





• Sender: Please print your name, address, and ZIP+4 in this box •

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